



Division of Integrated Health Systems, Family and Children's Health Programs Group, CMSO

NOV 12 2002

Kathryn Kuhmerker
Deputy Commissioner, Office of Medicaid Management
New York State Health Department
Empire State Plaza
Corning Tower, 14th Floor
Albany, NY 12237

Dear Deputy Commissioner Kuhmerker:

I am pleased to inform you that the Centers for Medicare and Medicaid Services (CMS) is approving New York's renewal request to permit the continued operation of the waiver, known as the New York Non-Emergency Transportation Program, under waiver authority of Section 1915(b) of the Social Security Act (the Act).

I base my decision to approve the State's request on the evidence submitted by the State in its request and during the review process indicating that, subject to the conditions described below, the State has met all statutory and regulatory requirements for the assurance of quality, accessibility, and cost effectiveness of care, as is required in all Section 1915(b) waivers. This approval provides for the waiver of section 1920(a)(1) - Statewideness; 1902(a)(10)(B) - Comparability of Services; and 1902(a)(23) - Freedom of Choice. It allows New York to restrict Medicaid beneficiaries' choice to obtain medical services only from specified managed care entities.

Approval of this renewal request covers a period of two years, from November 15, 2002 through November 14, 2004. New York may request that this authority be renewed. To do so the State must submit its request for renewal at least 90 days in advance of the expiration date (i.e. by August 14, 2004).

Approval of this waiver request is in accordance with the requirement that the project will be cost effective, will not substantially impair access to care and services of adequate quality, and will not restrict emergency services or family planning services. Approval of this request is contingent upon New York arranging for an independent evaluation of the overall waiver program, with special emphasis on beneficiary access to care, quality of services and cost effectiveness, to be submitted to CMS at least 90 days in advance of the expiration date, that is, by August 14, 2004.

Please note that this waiver approval does not include approval of Allegany County. No later than 60 days after the approval of the waiver, the state must submit the Allegany report which details the county's progress on restoring freedom of choice and reverting to a fee for service system to the CMS Regional Office for review and approval.

We wish you continued success in the operation of the New York Non-Emergency Transportation Program. If you have any questions, feel free to contact Mr. Michael Melendez with the Division of Medicaid **and** State Operations in CMS's New York Regional Office at (212) 264-9121.

Sincerely,

A handwritten signature in black ink, appearing to read "i s /", with a stylized flourish.

Mike Fiore
Director

cc: Tim Perry-Coon, NY
Sue Kelly, ARA for DMSO, CMS New York Regional Office
Michael Melendez, CMS New York Regional Office
Julie Jones, CMS
Gloria Smiddy, CMS